

**New Jersey Department of Health and Senior Services**  
**Vaccine Preventable Diseases Program**  
**PO Box 369**  
**Trenton, NJ 08625-0369**

**VACCINES FOR CHILDREN PROGRAM**  
**PROVIDER ENROLLMENT**

*This form is to be submitted to and kept on file at the New Jersey Department of Health and Senior Services and must be updated as required in accordance with State policy.*

Name of Physician or Clinic		Employer Identification Number (EIN)
Address		
Name of Contact Person(s)		
Telephone Number (      )	Fax Number (      )	
Medical License Number	E-Mail Address	
Is your practice/clinic a Federally Qualified Health Center (FQHC)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your practice/clinic a Rural Health Clinic (RHC)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In order to participate in the Vaccines For Children (VFC) Program and/or to receive other federally procured vaccine provided to me at no cost, I, on behalf of myself and any and all practitioners, nurses and others associated with this medical office, group practice, managed care organization, health department, community/migrant/rural clinic, or other entity of which I am the physician-in-chief or equivalent, agree to the following:</p> <ol style="list-style-type: none"> <li>1. I will screen patients and administer VFC Program-purchased vaccine only to a child (<math>\leq 18</math> years of age) who: (a) is on Medicaid or Medicaid Managed Care; (b) is on NJ Kid Care Plan; (c) has no health insurance; (d) is an American Indian or Alaskan Native; or (e) has health insurance that does not pay for the vaccine (applicable only to vaccines administered by a FQHC or RHC).</li> <li>2. I will administer VFC vaccines only to children in eligible age cohorts for each vaccine, as set by the Advisory Committee on Immunization Practices (ACIP) in VFC resolutions.</li> <li>3. I will maintain eligibility records of the authorized representative's responses for a period of 3 years, unless State requirements call for a longer duration. Release of such records will be bound by the privacy protection of Federal Medicaid law.</li> <li>4. If requested, I will make such records available to the State or the U. S. Department of Health and Human Services (DHHS).</li> <li>5. I will comply with the appropriate immunization schedule, dosage, and contraindications, that are established by the DHHS Advisory Committee on Immunization Practices (ACIP), unless (a) in making a medical judgement in accordance with accepted medical practice, I deem such compliance to be medically inappropriate or (b) the particular recommendation is not in compliance with the law of my State, including State laws relating to religious or other exemptions. *</li> <li>6. I will provide vaccine information materials and maintain records in accordance with National Childhood Vaccine Injury Act.</li> <li>7. I will not impose a charge for the cost of the vaccine.</li> <li>8. I will not impose a charge for the administration of the state provided vaccine in any amount higher than the maximum fee established by the State.</li> <li>9. I will not deny administration of a federally procured vaccine to a child due to the inability of the child's parent/guardian/individual of record to pay an administrative fee.</li> <li>10. I will comply with the State requirements for ordering vaccine, accounting for vaccine usage, and other requirements as outlined on the following page.</li> <li>11. I or the State may terminate this agreement at any time for personal reasons or failure to comply with these requirements.</li> </ol> <p><i>*The ACIP Immunization Schedule is compatible with the AAP recommendations.</i></p>		
Name of Provider (Print)	Signature	Date

FOR STATE USE ONLY	Date Certified for VFC	PIN Number
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**New Jersey Department of Health and Senior Services  
Vaccine Preventable Diseases Program**

**VACCINES FOR CHILDREN PROGRAM  
OTHER PROGRAM REQUIREMENTS**

**Routinely, orders should be placed monthly.** (Vaccine orders are to be placed no more than once per month.)

**Inventory must be done each time an order is placed.**

Eligibility/Encounter Record forms for vaccine accountability must be batched and submitted **monthly**.

The medical provider will permit representatives of the New Jersey Department of Health and Senior Services or their designees to perform pre-scheduled provider immunization record reviews; these site visits will occur as a random sample selection, on a spot-check basis, or as part of a survey.

Local health departments and special projects are to report adverse events following vaccine administration to the New Jersey Department of Health and Senior Services, Vaccine Preventable Diseases Program, on the Vaccine Adverse Events Reporting System (VAERS) form. All other providers will submit VAERS forms directly to the VAERS Contractor, Ogden Bio-Services, in Rockville, Maryland (1-800-822-7967).

All providers using state-provided vaccines agree that they will take appropriate steps to provide to all eligible patients, parents or guardians, meaningful warnings relating the risks and benefits of vaccination, in form and language understandable to such patient, parent, or guardian, and in accordance with federal law.

The sale, transfer, or further distribution of vaccines provided through the New Jersey Department of Health and Senior Services to any other person, agency, or entity without the express knowledge and consent of the New Jersey Department of Health and Senior Services, Vaccine Preventable Diseases Program is strictly prohibited. VFC providers are required to prevent program abuse, waste, and fraud.

**The following vaccines will have limited distribution:**

**Measles, Mumps, and Rubella (MMR Dose #2)** - MMR #2 vaccine is available for children ages 1 - 18 years old. In a measles outbreak situation MMR #2 may be made available for other groups.

**Varicella** vaccine will routinely be available for children from 1 - 18 years of age who were not vaccinated earlier or who do not have a history of varicella. Up to age 13, only one dose of varicella is necessary; children ages 13 - 18 will need 2 doses, with an interval of 1 month. Varicella vaccine is a live, extremely temperature-sensitive, attenuated vaccine virus that must be kept colder than other vaccines. To obtain this vaccine, providers must follow strict quality control standards, which includes having a freezer that is able to maintain a temperature of 0-5 degrees Fahrenheit. **Providers must complete a varicella storage questionnaire before varicella vaccine can be ordered or delivered.**

**Hepatitis A (Pediatric)** vaccine is only available to children 2 - 18 years of age living in communities with epidemiologically documented high endemic rates and periodic outbreaks.

**Hepatitis B (Adult)** - Only for household and sexual contacts of HbsAg positive mothers, who are enrolled in the NJ Perinatal Hepatitis B Prevention Program.

**Influenza** vaccine is available for those children ages 6 months to 18 years, with certain medical conditions placing them at high risk of complications from this illness, or those children exposed to high-risk contacts.

**Pneumococcal** vaccine is available for those children 2 years to 18 years with certain medical conditions placing them at high risk of complications for Pneumococcal disease.